

111TH CONGRESS
1ST SESSION

H. R. 3051

To enhance citizen awareness of insurance information and services by establishing that insurance documents issued to the public must be written clearly, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 25, 2009

Mr. BRALEY of Iowa (for himself, Mr. TEAGUE, Mr. SCHAUER, Mr. PETERS, Mr. MASSA, Mr. WELCH, and Ms. SUTTON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To enhance citizen awareness of insurance information and services by establishing that insurance documents issued to the public must be written clearly, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Plain Language in
5 Health Insurance Act of 2009”.

6 **SEC. 2. PURPOSE.**

7 The purpose of this Act is to improve the effective-
8 ness and accountability of health insurance issuers, health

1 plans, and Federal health care programs by promoting
2 clear communication that the public can understand and
3 use.

4 **SEC. 3. DEFINITIONS.**

5 In this Act:

6 (1) COVERED DOCUMENT.—The term “covered
7 document” means any publicly distributed document
8 issued by a health insurance issuer, health plan, or
9 Federal health care program.

10 (2) PLAIN LANGUAGE.—The term “plain lan-
11 guage” means language that the intended audience
12 can readily understand and use because that lan-
13 guage is clear, concise, well organized, and follows
14 other best practices of plain language writing.

15 **SEC. 4. RESPONSIBILITIES OF HEALTH INSURANCE**
16 **ISSUERS, HEALTH PLANS, AND FEDERAL**
17 **HEALTH CARE PROGRAMS.**

18 (a) REQUIREMENT TO USE PLAIN LANGUAGE IN
19 NEW DOCUMENTS.—Not later than 1 year after the date
20 of enactment of this Act, any health insurance issuer,
21 health plan, and Federal health care program shall use
22 plain language in any covered document of the plan issued
23 or substantially revised.

24 (b) GUIDANCE.—

25 (1) IN GENERAL.—

1 (A) DEVELOPMENT.—Not later than 6
2 months after the date of enactment of this Act,
3 the Secretary of Health and Human Services
4 (in this Act referred to as the “Secretary”)
5 shall develop guidance on implementing the re-
6 quirements of subsection (a).

7 (B) ISSUANCE.—The Secretary shall issue
8 the guidance developed under subparagraph (A)
9 to health insurance issuers, health plans, and
10 Federal health care programs.

11 (2) INTERIM GUIDANCE.—Before the issuance
12 of guidance under paragraph (1), any health insur-
13 ance issuer, health plan, or Federal health care pro-
14 gram may follow the—

15 (A) guidance of the writing guidelines de-
16 veloped by the Plain Language Action and In-
17 formation Network; or

18 (B) guidance provided by the head of the
19 agency that is consistent with the guidelines re-
20 ferred to under subparagraph (A).

21 (c) ENFORCEMENT.—

22 (1) HEALTH INSURANCE ISSUERS AND HEALTH
23 PLANS.—

24 (A) CORRECTIVE ACTION PLAN.—If the
25 Secretary finds that a health insurance issuer

1 or health plan is in violation of subsection (a),
2 the Secretary shall issue an order requiring the
3 issuer or plan to submit a corrective action plan
4 within 90 days for review and approval by the
5 Secretary.

6 (B) CIVIL PENALTIES.—Any health insur-
7 ance issuer or health plan that violates an order
8 under subparagraph (A) or any provision of a
9 corrective action plan approved by the Secretary
10 pursuant to subparagraph (A) shall be liable to
11 the United States for a civil penalty in an
12 amount not to exceed \$10,000 for each such
13 violation, and not to exceed \$50,000 for all
14 such violations adjudicated in a single pro-
15 ceeding.

16 (2) FEDERAL HEALTH CARE PROGRAMS.—The
17 Secretary, in consultation with other appropriate
18 Federal departments and agencies, shall establish
19 mechanisms to ensure that Federal health care pro-
20 grams meet the requirements of subsection (a).

21 **SEC. 5. REPORTS TO CONGRESS.**

22 (a) INITIAL REPORT.—Not later than 6 months after
23 the date of enactment of this Act, the Secretary of Health
24 and Human Services shall submit to the Committee on
25 Energy and Commerce of the House of Representatives

1 and the Committee on Health, Education, Labor, and
2 Pensions of the Senate a report that describes how the
3 agency intends to meet the following objectives:

4 (1) Communicating the requirements of this
5 Act to health insurance issuers, health plans, and
6 Federal health care programs.

7 (2) Training Federal health care program em-
8 ployees to write in plain language.

9 (3) Meeting the requirement under section 4(a).

10 (4) Ensuring ongoing compliance with the re-
11 quirements of this Act.

12 (5) Enforcing the requirements of this Act pur-
13 suant to section 4(c).

14 (6) Designating a senior official to be respon-
15 sible for implementing the requirements of this Act.

16 (b) ANNUAL AND OTHER REPORTS.—The Secretary
17 shall submit reports on compliance with this Act to the
18 Committee on Energy and Commerce of the House of
19 Representatives and the Committee on Health, Education,
20 Labor, and Pensions of the Senate—

21 (1) annually for the first 2 years after the date
22 of enactment of this Act; and

23 (2) once every 3 years thereafter.

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